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Country programme document

Madagascar

Summary

The country programme document (CPD) for Madagascar is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The draft CPD includes a proposed aggregate indicative budget of $56,815,000 from regular resources, subject to the availability of funds, and $141,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period March 2015 to December 2019.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the 2015 first regular session of the Executive Board.

* E/ICEF/2015/1.

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Programme rationale

1. Madagascar is one of the poorest countries in the world, with a gross national income per capita of $440 (World Development Indicators 2014; 2013 data) and a ranking in 2014 of 155th of 187 countries in the Human Development Index. In 2013, 91 per cent of the country's 21 million people lived on less than $2 per day (Millennium Development Goal (MDG) survey 2012–2013). Madagascar is emerging from a prolonged political crisis accompanied by socio-economic decline, deterioration of social services and exacerbation of household vulnerabilities to shocks.

2. Given its rich mineral and natural resource base, Madagascar has significant growth potential, especially in the extractives sector. Yet, it also faces the associated risks of illegal trade and exploitation. The island nation is exposed to the hazardous effects of climate change and is extremely vulnerable to natural disasters. While Madagascar is subject to recurring droughts, floods and locust plagues, and with 16 of the country's 22 regions at risk ranks fifth among countries most threatened by cyclones (Maplecroft 2012), its level of preparedness to prevent and mitigate the effects of disasters is limited. The country is characterized by ethnic, cultural and biological diversity, and by major socioeconomic, rural/urban and other geographic disparities between the highlands and coastal areas.

3. Madagascar has a young (47 per cent under age 15) and largely rural population (83 per cent, MDG survey 2012–2013). Under-five mortality declined from 72 to 62 per 1,000 live births between 2008 and 2012 (Demographic and Health Survey (DHS) 2008–2009 and MDG Survey 2012–2013), likely attributable to the implementation of community-based child survival interventions with a special focus on hard-to-reach areas. At the same time, neonatal mortality marginally increased from 24 to 26 per 1,000 live births. Neonatal mortality accounts for 42 per cent of under-five deaths. Maternal mortality remains very high, at 500 per 100,000 live births (*The State of the World's Children Report 2014*) and is far from the 127 per 100,000 live births MDG target; one third of maternal deaths are related to teenage pregnancies. The percentage of children aged 12–23 months who were fully vaccinated fell from 61.6 per cent in 2008 (DHS 2008–2009) to 51.1 per cent in 2012 (MDG survey 2012–2013). The deterioration of the primary health care system, including inadequate numbers and distribution of health personnel, shortages of medical supplies, and the long distance and high cost of accessing services are major bottlenecks and barriers to access and use of services (MDG survey 2012–2013). Significant and sustained investment is needed to strengthen the health system and build on the gains made in reducing under-five mortality. HIV prevalence remains low at 0.4 per cent among adults ages 15 to 49 (Joint United Nations Programme on HIV/AIDS (UNAIDS), 2013 data) and 0.2 per cent for young men and young women aged 15 to 24 (UNAIDS 2013).

4. Madagascar has the fourth highest rate of chronic undernutrition rate in the world (MDG survey 2012–2013). About half (47 per cent) of all children under age five are stunted. Progress in tackling high stunting rates has been very slow over the past 20 years and important disparities remain between urban areas (39 per cent) and rural areas (49 per cent), and among regions, with the Central Highlands reporting stunting rates of more than 60 per cent. The prevalence of wasting and underweight among children under age five is 8 per cent and 32 per cent, respectively. Undernutrition is associated with poverty and food insecurity; limited

access to nutritious food; poor maternal nutrition and inadequate infant and young child feeding practices often rooted in unfavourable social norms; recurrent childhood illnesses and poor access to quality health services; and inadequate water, sanitation and hygiene (WASH) provision, especially for the most deprived segments of the population.

5. Limited access to clean water and poor sanitation and hygiene practices are of particular concern, especially given the link with chronic malnutrition. In global comparisons, Madagascar ranks 4th from last in the use of safe water and 8th from last in access to sanitation. Only 14 per cent of the population has access to improved sanitation facilities (WHO/UNICEF Joint Monitoring Programme (JMP) 2014). Almost half (48 per cent) of people living in rural areas practise open defecation. Only half of the overall population and 35 per cent of the rural population have access to improved water sources, with 38 per cent of those in rural areas relying on surface water for drinking (JMP 2014).

6. Madagascar is no longer on track to achieve MDG 2, universal primary education. The net primary enrolment rate decreased from 83 per cent in 2005 to 69 per cent in 2012 (MDG survey 2012–2013). Repetition rates in primary school are 17 per cent and test scores in key subjects such as mathematics have declined since 1998 from 59/100 to 40/100 reported in 2012 (Ministry of Education). Approximately 1.5 million primary-school-age children are currently out of school and only 3 out of every 10 children who enrol complete primary school (UNICEF 2012). The major barriers to education include outdated curricula, poorly trained teachers and low quality of instruction (about two thirds of primary school teachers have not received any formal training); limited number of school facilities; and increasing costs of education.

7. Violence and exploitation of children are major protection concerns. Fourteen per cent of girls aged 15 to 19 have reported being victims of sexual violence and 15 per cent have reported being victims of physical violence (MDG survey 2012–2013). The Special Rapporteur on the sale of children, child prostitution and child pornography has reported increases in sexual exploitation of children, including through prostitution and sexual tourism since the onset of the crisis (Report of the Special Rapporteur, 2013). Reporting rates are low and prosecution of the perpetrators of violence against children inadequate, as is the prevention of violence, and the provision of care and treatment for victims.

8. The practice of child marriage persists, with nearly half of women aged 20 to 24 reporting having been married before the age of 18. More than one third (37 per cent) of girls aged 15–19 have started childbearing. Almost 1 in 4 (23 per cent) children aged 5 to 17 are involved in economic activity.

9. Persistent poverty remains the main barrier to development in Madagascar. Limited financial and human resource capacity in the social sector, limited access to large parts of the country, and harmful practices rooted in traditional beliefs are among the major bottlenecks to overcoming household vulnerability and expanding social service delivery.

10. Following a prolonged governance crisis, a new Government was formed in April 2014 following democratic elections held at the end of 2013, and a new National Development Plan is currently being drafted to fill the void in which the country had been operating for the past five years. The Government has outlined the

fight against poverty, vulnerability and insecurity, and the promotion of dialogue and reconciliation among key stakeholders as overarching development objectives. Among the priorities to be elaborated in the Plan are health and nutrition, education, water and sanitation, good governance and rule of law, and social protection. The lifting of sanctions and restrictions on foreign aid that had been imposed during the crisis has paved the way for donor re-engagement and aid investment.

11. The experience of the last country programme points to three main lessons that have guided the design of the 2015–2019 country programme:

(a) The importance of continued programme engagement and using UNICEF programmes as operational and programmatic bridging mechanisms in a restricted aid environment for safeguarding gains made for children and women, 'building back better' and eventual recovery of the social sectors.

(b) The need for deeper cross-sectoral analysis and understanding of social and cultural norms that govern the behaviours and decisions of families and communities in an anthropologically diverse context. The importance of using such information to customize the design and implementation of strategies for behaviour change, demand creation and community outreach.

(c) The fact that maintaining a strong focus on community-based interventions has proved to be a key strategy in tackling the barriers to access and utilization of health services. This has been demonstrated in the successful implementation of Integrated Community Case Management interventions in community health centres and through improved capacity of community health workers.

Programme priorities and partnerships

12. The 2015–2019 country programme will support national priorities in the new National Development Plan as well as sectoral plans. By working with partners to address policy, systems and service-delivery bottlenecks at the national, subnational and community levels, the country programme will contribute to the achievement of equitable outcomes for the poorest and hardest-to-reach children and families. The programme will pursue multi-pronged intersectoral strategies, including:

(a) Advocacy and technical support for the development of equity-focused and child-friendly policies and budgets, sector plans and frameworks, including development of the first national social protection framework.

(b) Strengthening the capacity of decentralized authorities to plan, monitor and deliver social services for children, with a special focus on the most disadvantaged groups.

(c) Coordinating implementation of different sectoral interventions in the same geographic locations to enhance programmatic synergies for children and families at community level.

(d) Fostering innovative partnerships with civil society to provide customized behaviour change and community outreach initiatives to improve child-friendly practices among diverse communities.

Health

13. The **Health Programme** will contribute to the goals of the Health Sector Development Plan 2015–2019 and Outcome 3 of the United Nations Development Assistance Framework (UNDAF) 2015–2019: *Populations in intervention areas, especially vulnerable groups, access and use quality, sustainable basic social services*. The programme will expand the use of integrated health services for children under five years old. An emphasis will be placed on newborns, increasing coverage in focus regions by taking to scale key life-saving interventions through proven strategies such as Mother and Child Health Weeks and community-based service delivery. Programme components include:

(a) Advocacy for increased health sector financing and support for development and implementation of the health sector plan to increase the number of functional facilities and trained medical staff, including community health workers.

(b) Improving coordination and linkages between public and community health systems to increase access to and demand for basic health services among hard-to-reach populations.

(c) Strengthening routine immunization systems with a specific focus on microplanning, cold chain and vaccine management, social mobilization, outreach and biannual national vaccination campaigns, and monitoring for corrective action to address bottlenecks and reduce geographical equity gaps.

(d) Scaling up facility-based essential neonatal care interventions as well as community-based care for pregnant women and newborns.

(e) System-strengthening support to the national medical supply chain to improve availability and affordability of essential medicines for vulnerable populations.

(f) Management and technical capacity development of subnational health structures to plan and implement programmes to prevent, diagnose and treat the illnesses responsible for the majority of deaths in children under five (pneumonia, diarrhoea and malaria), as well as immunization, neonatal care and prevention of new HIV infections in children through enhanced delivery of services.

14. The Health Financial and Technical Partners meeting, which brings together the Ministry of Health, United Nations agencies, including the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), World Health Organization (WHO), UNAIDS and UNICEF, the World Bank, donors and non-governmental organization (NGO) partners, will be the main partnership forum. UNICEF will continue to work closely on country-level implementation with counterparts in the H4+ partnership as well as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Nutrition

15. The **Nutrition Programme** will contribute to the 2012–2015 National Nutrition Plan, the Scaling Up Nutrition (SUN) objectives and Outcome 3 of the UNDAF 2015–2019. The goal of the programme is to support national and subnational authorities to improve nutrition and reduce rates of stunting through

improved and equitable nutrition services and care practices. The specific priorities include:

(a) Strengthening the capacity of the National Nutrition Office and subnational authorities to effectively coordinate, monitor and evaluate the National Nutrition Plan and SUN Road Map.

(b) Advocacy for enhanced coordination between health and nutrition community workers, including full integration of the treatment of severe acute malnutrition (SAM) into the health system.

(c) Scaling up community nutrition interventions with a focus on pregnant women and children in the 1,000-day period before a child's second birthday. Priority interventions include nutrition counselling in the community, promotion of appropriate infant and young child feeding practices (including breastfeeding and complementary feeding), and treatment of SAM.

(d) Advocacy for increased attention to behaviour change communication in Government programmes to shift attitudes, practices and social norms influencing nutritional decisions.

16. In line with the Government's recognition of social protection as a priority area, UNICEF is partnering with the World Bank on pilot interventions that link cash transfers to nutrition, education and essential family practices, with the aim of enabling the poorest families to access basic social services and improve child feeding practices.

17. The main partnership forum will be the SUN platform, which brings together the Ministry of Health, Office of National Nutrition, United Nations agencies, including UNFPA, UNICEF, WHO, the Food and Agriculture Organization of the United Nations (FAO) and the World Food Programme (WFP), and the World Bank, donors and NGO partners.

Water, Sanitation and Hygiene

18. The **Water, Sanitation and Hygiene (WASH) Programme** will contribute to the National WASH strategy (and the WASH planning document) and Outcome 3 of the UNDAF 2015–2019. The programme will work at national and subnational levels to improve households' equitable access to safe drinking water, sanitation, healthy environments and to promote safe hygiene practices. The specific programme priorities include:

(a) Advocacy for increased political commitment and investments in the WASH sector.

(b) Supporting the Government to be an effective convener on sanitation issues and to improve sector coordination, information-sharing and efficiency.

(c) Strengthening the capacity of regional water directorates in planning, budgeting, service implementation, monitoring and coordination of the delivery of sustainable services to underserved rural and isolated areas.

(d) Mobilizing communities to scale up Community-Led Total Sanitation and implementing behaviour change communication programmes to address local cultural barriers to improved sanitation and hygiene practices.

(e) Promoting the development of sustainable models such as the integration of WASH, health and nutrition programmes through provision and use of WASH packages in schools and health and nutrition centres.

19. The main partners of the WASH programme include the Ministry of Water, UNDP, NGOs and civil society, users' associations, traditional leaders and local authorities.

Education

20. The **Education Programme** will contribute to the broader Education for All goals in the Interim Education Sector Plan 2013–2015 and Outcome 3 of the UNDAF 2015–2019. The programme will focus on increasing school enrolment of the most vulnerable children, and improving learning outcomes and survival rates at the primary level. There will be a renewed emphasis on the quality of education and strengthening the capacity of the public primary education system in focus regions to better plan and manage resources as well as enrol and retain vulnerable children in school. The programme priorities include:

(a) Strengthening participatory planning and development of school-based action plans, improving data-collection systems, and reinforcing resource management and accountability mechanisms in schools.

(b) Supporting the development and implementation of a national teacher development strategy and revision of the curriculum so that it is more closely aligned with the economic, cultural and language context of local communities.

(c) Scaling up initiatives to enrol or re-enrol out-of-school children, with a focus on children with disabilities.

(d) Supporting the development and implementation of an early childhood development policy and early learning programme.

(e) Strengthening the capacity of subnational education authorities to better monitor system performance and improve financial management systems.

21. The education technical and financial partners and the local education group will be the main partnership forums, bringing together the Ministry of Education, United Nations agencies (the International Labour Organization (ILO), UNESCO, UNICEF and WFP), the World Bank, donors and NGO partners. UNICEF will continue to support sector coordination and the education sector planning process, and to emphasize cooperation with civil society, especially regarding the early childhood development policy and work on combating violence in schools.

Child protection

22. The **Child Protection Programme** contributes to the UNDAF 2015–2019 Outcome 2: *Public institutions, civil society and the media, at the central and decentralized levels, effectively fulfil their roles and are accountable for more peaceful governance that protects human rights*. The programme will focus on improving prevention and response to violence and exploitation of children, including sexual exploitation, especially in the context of the tourism and extractive industries, and on child marriage. Key programme priorities include:

(a) Development and implementation of a national child protection framework and an advocacy strategy to increase resources for programmes against violence and exploitation of children.

(b) Strengthening capacities of subnational child protection authorities to improve coordination, planning, service delivery and monitoring of programmes and community networks to provide child protection services.

(c) Scaling up implementation of behaviour change communication programmes to raise awareness of all forms of violence against and exploitation of children; strengthening systems to improve data collection, support for victims, reporting of violence and enforcement of applicable laws.

23. The main partners for the UNICEF child protection programme include the Ministries of Social Protection, Justice, Internal Affairs, Tourism, Internal Security and Youth, the judiciary, United Nations agencies, development partners, the private sector and civil society organizations (CSOs), coordinated through the National Child Protection Working Group, the National Legal Reform Working Group, Protection Cluster, and the Working Group on Gender and Human Rights.

Cross-cutting strategies

24. In addition, the country programme will implement the following cross-cutting strategies:

(a) Behaviour change and community outreach interventions will be integrated into all programme areas to increase the demand for basic social services. The priority is to build the capacity of the Government to develop and implement evidence-based and customized communication for development (C4D) strategies, and to engage with and build the capacity of social networks such as traditional and faith-based networks, community agents, youth networks and the mass media to influence behaviours.

(b) An approach to converge sectoral interventions in communities experiencing multiple deprivations with the aim to strengthen cross-sectoral synergies will be piloted in 4 of the country's 22 regions, i.e. two of the most deprived regions in the south, and two regions prone to cyclones and floods: one on the west coast and one in the northeast. The capacity of regional authorities will be strengthened to coordinate the convergence of sectoral programme interventions.

(c) Resilience-building, disaster risk reduction (DRR) and emergency preparedness and response interventions will be integrated across all programme components with the aim of strengthening the resilience of families and communities to cope with shocks, and supporting the development of quality, inclusive regional DRR and emergency contingency plans and humanitarian response capacity, in contribution to UNDAF 2015–2019 Outcome 1: *Vulnerable populations in intervention areas access income and employment opportunities, improve their resiliency capacity, and contribute to an inclusive and equitable growth for sustainable development.*

(d) Engagement with the private sector to advocate for ethical business practices and behaviours in relation to children as well as to leverage private sector

resources (especially those of the oil and extractive industries and the tourism sector) to steer investments in the social sector.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	11 250	40 000	51 250
Water, sanitation and hygiene	6 250	17 000	23 250
Nutrition	6 250	12 000	18 250
Education	6 250	50 000	56 250
Child protection	5 000	8 000	13 000
Social policy and social protection	4 900	1 900	6 800
Intersectoral	9 415	5 100	14 515
Cross-sectoral (Operations)	7 500	7 000	14 500
Total	**56 815**	**141 000**	**197 815**

Programme and risk management

25. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for alignment between results and resources assigned to the programme at country level. Accountabilities of managers at the country, regional and headquarter levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

26. Within the framework of UNDAF 2015–2019, UNICEF will continue to lead coordination in the education, nutrition and WASH sectors and will contribute to health and protection coordination mechanisms.

27. The country programme will implement a combination of programme strategies that will allow UNICEF to adapt and rapidly and flexibly respond to changes, and to manage and mitigate risks in the programme environment. This will include support to policy and legislative framework and system development at the central level, increased emphasis on decentralized capacity development, results monitoring and management at the regional level and continued focus on community-based service delivery.

28. The harmonized approach to cash transfers (HACT) will be strengthened to respond to major risks in programme implementation, particularly those arising from weaknesses in governance and government financial oversight. Specifically, a new HACT unit will be established to identify risks within each partner organization, apply immediate mitigation measures and build partner capacity to better manage risks.

29. The capacity of technical staff will also be strengthened to reinforce policy and system priorities at the central level. Staff capacity will be maintained at regional level to facilitate engagement with a range of government and

non-governmental partners, ensure timely information on risks and opportunities, and provide technical and management support to government counterparts.

30. In the context of a gradual return to regular aid modalities, UNICEF will develop advocacy, partnership and resource mobilization strategies to facilitate mobilization of resources for the country programme and to leverage support for child rights programmes in the country.

31. Mid-year and annual reviews with partners will focus on assessing programme quality, efficiency and effectiveness, and validation of risks and related mitigation strategies.

Monitoring and evaluation

32. The UNDAF strategic results matrix and monitoring and evaluation (M&E) plan will serve as the overall framework for monitoring UNDAF outcome results. Under the oversight of the national M&E working group, UNICEF will collaborate with other United Nations agencies to build the capacity of the National Institute of Statistics (INSTAT), sectoral M&E departments and regional development directorates to collate, manage, disseminate and analyse data disaggregated by gender, age, wealth and geography for monitoring progress against the new National Development Plan results.

33. To improve the quality of data generated through routine national monitoring systems, additional focus will be placed on innovative technologies that facilitate rapid information collection, building on current initiatives such as the SMS-based system for monitoring school enrolment. Technical support will be provided to subnational authorities for M&E system strengthening and results monitoring through UNICEF staff based at the regional level.

34. A results and resources framework and a five-year Integrated Monitoring and Evaluation Plan will serve as the basis for strengthening ongoing situation analysis and results monitoring. Major emphasis will be placed on monitoring the impact of UNICEF-supported programmes in improving quality and maintaining or expanding access to essential social services, particularly for the most disadvantaged children.

35. Major evaluations to generate evidence and examine programme impact have been planned. These include evaluations on: infant and young child nutrition and feeding practices; integration of maternal and neonatal health services; an inclusive education programme for out-of-school children; birth registration; violence prevention initiatives; and sociocultural norms and practices.

36. To ensure that programme strategies remain relevant in an evolving context, mid-year and annual reviews will focus on exploring new opportunities and identifying risks, particularly in relation to natural disasters, governance challenges and other shocks that make households more vulnerable. A continuous assessment of barriers and bottlenecks in fulfilling programme objectives, especially in reaching the most disadvantaged girls and boys, will further inform adjustments to programme strategies.

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Annex

Results and resources framework

Madagascar – UNICEF country programme of cooperation, 2015-2019

Convention on the Rights of the Child: Articles 1: Definition of the child, 2: Non-discrimination, 3: Best interests of the child, 6: Survival and development, 7: Identity rights, 12: Right to express an opinion, 19: Protection from violence, 23: Children with disabilities, 24: Right to health, 28: Right to education, 32: Child labour, 34: Sexual exploitation

National priorities: MDG 1: Eradicate extreme poverty and hunger; MDG 2: Achieve universal primary education; MDG 3: Promote gender equality and empower women; MDG 4: Reduce child mortality; MDG 5: Improve maternal health; MDG 6: Combat HIV and AIDS, malaria and other diseases.

UNDAF outcomes involving UNICEF:

Outcome 1: Vulnerable populations in intervention areas access income and employment opportunities, improve their resiliency capacity, and contribute to an inclusive and equitable growth for sustainable development.

Outcome 2: Public institutions, civil society and the media, at the central and decentralized levels, effectively fulfil their roles and are accountable for more peaceful governance that protects human rights.

Outcome 3: Populations in intervention areas, especially vulnerable groups, access and use quality, sustainable basic social services.

Outcome indicators measuring change that includes UNICEF contribution:

- Extreme poverty rate (disaggregated by region, gender, urban/rural environment, wealth quintile, etc.)
- Availability of updated census data
- Percentage of accepted recommendations from the Universal Periodic Review that have been implemented
- Percentage of public spending under the responsibility of devolved or decentralized territorial entities (disaggregated by Devolved Territorial Authorities and Decentralized Technical Services)
- Under-five mortality rate (per 1,000 live births)
- Maternal mortality rate (per 100,000 live births)
- Net primary school enrolment rate
- Prevalence rate of chronic malnutrition among children under five
- Percentage of the population using improved basic sanitation facilities
- Percentage of the population using improved water facilities
- HIV, tuberculosis and malaria incidence rates.

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Related UNICEF Strategic Plan 2014–2017 outcomes: 1: Health; 3: WASH; 4: Nutrition; 5: Education; 6: Child protection; 7: Social inclusion							
UNICEF outcomes	**Key progress indicators, baselines and targets**	**Means of verification**	**Indicative country programme outputs**	**Major partners, partnership frameworks**	**Indicative resources by country programme outcome** (in millions of United States dollars)		
					RR	**OR**	**Total**
Outcome 1. Health By the end of 2019, children under 5 years of age, especially newborns, have access to and use integrated health services with high coverage in target regions.	Percentage of surviving infants in all districts vaccinated against measles *Baseline:* 63% (WHO/ UNICEF estimates 2013) *Target:* 80% Percentage of children aged 0–59 months with suspected pneumonia receiving antibiotics *Baseline:* 32.7% (MDG survey 2012–2013) *Target*: 60% Percentage of children aged 0–59 months sleeping under insecticide-treated mosquito nets *Baseline:* 88.5% (MDG survey 2012–2013) *Target* by 2017: 90% Percentage of children aged 0–59 months with	Monthly report Health Management Information System (HMIS); WHO/ UNICEF records Monthly report (HMIS) Malaria indicator survey	**Health policy and systems:** Government capacity to develop and implement health policies, strategies and protocols, and to plan, monitor, mobilize and equitably allocate financial and human resources is improved. **Maternal, newborn and child health:** Mothers and newborns in target regions are reached with key interventions during the hours and days of highest risk. Girls and boys are reached at institutional and community level with prevention and treatment for the three illnesses that cause the majority of deaths among young children (pneumonia, diarrhoea and malaria).	Ministry of Health Ministry of Communication WHO UNFPA European Union (EU) United States Agency for International Development (USAID) French Government Gavi, the Vaccine Alliance Global Fund to Fight AIDS, Tuberculosis and Malaria Bill and Melinda Gates Foundation Population Services International (PSI) World Bank African Development Bank (ADB) Maternal and Child Integrated Program (MCHIP) Japan International	**11.3**	**40**	**51.3**

	diarrhoea receiving oral rehydration salts and zinc *Baseline:* ORS: 14.6%; Zinc: 3% (MDG survey 2012–2013) *Target:* ORS: 50%; Zinc: 30% Percentage of mothers and newborns receiving postnatal care within 2 days of delivery *Baseline:* 52.4% (MDG survey 2012–2013) *Target:* 70%	Monthly report (HMIS) Monthly report (HMIS)	**Vaccination:** At least 80% of children in all districts in six focus regions are reached with three doses of combined diphtheria/pertussis/tetanus vaccine (DPT3). National coverage of 90% with a focus on the hardest-to-reach and marginalized communities.	Cooperation Agency (JICA)			
Outcome 2. WASH By the end of 2019, households and communities have access to safe drinking water, sanitation, and healthy environments and good hygiene practices are equitably improved in target regions.	Percentage of population in rural areas using an improved source of drinking water *Baseline:* 35% (JMP 2014) *Target:* 50% Percentage of population in rural areas practising open defecation *Baseline:* 48% (JMP 2014) *Target:* <1% (in 2018)	Ministry of Water, UNICEF records House Hold Survey (HHS), Census, JMP report	**Policy and capacity development:** By the end of 2019, Government demonstrates increased political commitment and capacity to legislate, plan, budget, coordinate, deliver, monitor and evaluate WASH interventions at scale at national and subnational levels. **WASH in health, nutrition and education centres:** Community-level institutions have strengthened capacity to promote the use of safe water and latrines, and hand-washing with soap by children and families.	Ministry of Water Ministry of Health Ministry of Education (MoE) Ministry of Finance Ministry of Decentralization Ministry of Communication Regional Directorates ADB EU JICA USAID Civil society	**6.2**	**17**	**23.2**

			Sustainable access to safe water: Community demand for sustainable safe drinking water sources is increased and met. **Sanitation and hygiene:** All communities eradicate open defecation and use improved sanitation facilities in combination with appropriate hygiene practices.				
Outcome 3. Nutrition By the end of 2019, child nutrition interventions result in better nutrition outcomes in target regions.	Percentage of children who are exclusively breastfed for the first six months *Baseline*: 43% (MDG Survey 2012–2013) *Target:* 60% Percentage of children who are stunted *Baseline:* female: 44.5%; male: 50.2% (MDG Survey 2012–2013) *Target:* female: 34%; male: 40% Percentage of children aged 6–23 months receiving a minimum acceptable diet *Baseline:* 13% (Comprehensive Food Security and Vulnerability	Nationwide surveys (DHS, MICS) Nationwide surveys (DHS, MICS) Nationwide surveys (DHS, MICS)	**Policy, coordination and financing:** The capacity of national and regional authorities to advocate, plan, budget for and coordinate SUN interventions is improved. **Improved nutrition and care practices:** Knowledge and adoption of nutrition and care practices among caregivers and communities is improved. **Capacity for nutrition interventions:** Increased national and regional capacity to provide access to nutrition interventions.	Ministry of Health Ministry of Communication SALAMA (national central drugs and medical supply store) Office of National Nutrition PSI Regional Nutrition Offices Nutrition cluster members	**6.3**	**12**	**18.3**

	Analysis2010) *Target:* 30%						
Outcome 4. Education By the end of 2019, more girls and boys are enrolled, retained and learning in pre-primary and primary schools, and there are fewer children out of school.	Primary school net enrolment rate *Baseline:* 69.4% national (female: 70.1%; male: 68.1%) (MDG Survey 2012–2013) *Target:* 90% overall and for each gender Drop-out rate between grade 1 and grade 2 at the national level and in the target regions *Baseline:* 21.7% (MoE 2012–2013) *Target:* 12.8% Survival rate at primary level *Baseline*: 35.3% (female: 36.6%; male: 34.1%) (MoE 2009/2010 to 2013/2014) Target: 50% (female: 50%; male: 50%) Mean score of 5th grade pupils at the Programme for the Analysis of Education Systems (PASEC) test in Malagasy/Mathematics/ French *Baseline:* Malagasy: 43.5/100; Mathematics:	Ministry of Education Administrative data Ministry of Education Administrative data Ministry of Education Administrative data Ministry of Education Administrative data	**Education policy and strategy:** MoE capacity to plan, manage, communicate and govern at the central and decentralized level is strengthened. **Access to primary education:** More children access the primary education system thanks to an increase in the number of classrooms, and implementation of initiatives to promote enrolment and re-enrolment of children in schools and learning programmes, including children with disabilities. **Quality of education:** MoE improves the quality of teaching in primary schools by improving employment conditions for teachers, increasing in-service training and providing appropriate teaching and learning materials.	MoE Ministry of Communication Handicap International	**6.2**	**50**	**56.2**

	40/100; French: 26.8/100 (PASEC 2012) *Target:* Malagasy: 60/100; Mathematics: 60/100; French: 50/100						
Outcome 5. Child protection Improved and equitable prevention of and response to exploitation of and violence against children in target regions	Percentage of girls aged 15–19 who have been victims of sexual violence *Baseline:* 14.1% (MDG Survey 2012–2013) *Target:* 10% Percentage of women aged 20–24 who were married or in union before they were 18 years old *Baseline:* 41.2% (MDG Survey 2012–2013) *Target:* 38% Percentage of children under 5 years of age who have had their births registered *Baseline:* 83% (MDG Survey 2012–2013) *Target:* 90%	Household surveys (DHS, MICS) Household surveys (DHS, MICS) Household surveys (DHS, MICS)	**Child protection policy framework:** A national child protection policy with an adequate budget and effective M&E framework is in place and implemented. A legal framework to address violence against children in line with international standards is in force. **Child protection services:** Key child protection service providers (medical, legal, psychological and social) are able to provide coordinated and quality services to child victims of violence in targeted areas. **Child protection awareness:** Families and communities are aware of child protection laws, services and what constitutes harmful practices against children.	Ministry of Social Protection Ministry of Justice Ministry of Interior Ministry of Security Ministry of Education Ministry of Communication Police, gendarmerie Courts/tribunals University Hospital Regional and district authorities Traditional leaders Youth associations Women's associations NGOs, community-based organizations, faith-based organizations	**5**	**8**	**13**

Outcome 6. Social policy and social protection Greater national commitment, accountability and capacity to legislate, plan and budget for inclusive social policies, and progressively integrate social protection measures into relevant programme areas.			**Evidence generation:** The socio-economic situation and its impact on the situation of mothers and children, as well as the recommendations from programme evaluation, are analysed to better influence social policies and budgeting, and strengthen evidence-based programming. **Policy support:** Policy dialogue and partnerships with national partners (Government and civil society) are established to contribute to greater national commitment, accountability and capacity to legislate, plan and budget for inclusive social policies and social protection measures. **Social protection:** Dialogue and partnerships with the Government and donors are established to develop a national social protection framework and to progressively integrate social protection measures into relevant programme areas.	National and decentralized Government ministries including, among others: Ministry of Finance Ministry of Economy and Planning Ministry of Decentralization INSTAT World Bank Civil society Private sector	**4.9**	**1.9**	**6.8**

			Public-private sector partnership: Public and private sector partnerships are established and maintained to influence business behaviour to promote respect for and support of child rights and business principles, and to leverage support for programmes.				
Outcome 7. Intersectoral The rights of children and women are fully integrated into and prioritized in sector programming, emergency response and communication.	There are no outcome indicators for the intersectoral outcome (indicators will be output-level)		**Media and external relations:** Communication and media activities effectively promote child rights. **C4D:** National partners have the capacity to effectively plan, coordinate, implement and monitor C4D strategies that promote priority family practices to realize child rights. **Planning:** The quality, coherence and coordination of programme planning are strengthened at national, subnational and country office levels, in line with UNICEF corporate priorities and guidelines. **Monitoring:** The quality, coherence and	University of Antananarivo National and decentralized Government Ministries including, among others: Ministry of Finance Ministry of Economy and Planning Ministry of Decentralization INSTAT	**9.4**	**5.1**	**14.5**

			coordination of monitoring systems are strengthened at national, subnational and country office levels to facilitate a results-based management approach. **Emergency and DRR:** The DRR intervention is strengthened and reflected in all programmes, decentralized contingency planning is improved, and emergency responses are implemented in accordance with UNICEF's Core Commitments for Children in Humanitarian Action.	National Office of Risk and Disaster Management (BNGRC) Ministry of the Interior Catholic Relief Services CARE International WFP OCHA			
Cross-sectoral (Operations)	There are no outcome indicators for the cross-sectoral outcome (indicators will be output-level)				**7.5**	**7**	**14.5**
Total resources					**56.8**	**141**	**197.8**

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United Nations Children's Fund
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Item 5 (a) of the provisional agenda*

Country programme document**

Mali

Summary

The country programme document (CPD) for Mali is presented to the Executive Board for consideration and approval at the present session, on a no-objection basis. The draft CPD includes a proposed aggregate indicative budget of $75,345,000 from regular resources, subject to the availability of funds, and $253,065,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2015 to 2019.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the 2015 first regular session of the Executive Board.

* E/ICEF/2015/1.

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Programme rationale

1. Mali has an estimated population of 17.3 million in 2014, with 52 per cent of people aged under 18. With a population growth rate among the highest in the world at 3.6 per cent (Population Census, 2009), a fertility rate of seven children per woman and rapid urban growth (5 per cent per year), population growth poses enormous challenges in a country ranked 176th out of 187 for human development (Human Development Index, HDI) 2013). The growth in gross domestic product (GDP), estimated at 2.3 per cent in 2013, is still below the 7 per cent target for reducing the level of poverty in which one half of the population lives.

2. Since 2011, Mali has faced a serious political crisis coupled with an armed conflict and the occupation of the north (two thirds of the country's territory) by armed groups. On October 2014, Mali recorded its first confirmed Ebola case. As of early December 2014, there were 8 cases (7 confirmed, 1 probable) out of which 6 deaths have been recorded. The future evolution of the outbreak is uncertain, but Ebola virus disease has compounded an already dire humanitarian situation. The crisis in the northern regions has caused a severe humanitarian crisis, intervention by an international military coalition and the deployment of the United Nations Multidimensional Integrated Stabilization Mission in Mali (MINUSMA). As of at early 2013, the humanitarian crisis had directly affected 2.8 million people, including 340,000 internally displaced persons and 200,000 refugees. The organization of presidential, legislative and municipal elections in 2013 and early 2014 enabled a return to constitutional order, and Mali can now work towards overcoming its structural challenges and consolidate the peace.

3. Mali has made significant progress in recent years. The under-five mortality rate decreased by 42 per cent over the period 2000–2012, and was 123 deaths per 1,000 live births in 2013 (UN Inter-agency Group for Child Mortality Estimation, IGME); the net school attendance rate (58 per cent) increased by over 10 per cent between 2006 and 2011; and birth registration rates have increased significantly, from 53 per cent in 2006 to 81 per cent in 2010. With coverage of 67 per cent in 2012, Mali has reached the Millennium Development Goal (MDG) target for access to improved drinking water sources. However, insufficient progress has been made in implementing the 2007 recommendations of the Committee on the Rights of the Child.

4. Despite progress, significant disparities still exist between regions, between women and men, and between urban and rural areas. For example, access to improved sanitation facilities is 2.5 times higher in urban than rural areas; a woman living in a rural area is half as likely to be assisted by a skilled health care provider during childbirth than a woman living in an urban area; and there are considerable disparities between the northern and southern regions in terms of the availability and use of basic social services.

5. With less than 10 per cent of GDP spent on health, nutrition, education, water and the protection of children, the realization of children's rights in Mali is hitting serious roadblocks. In each of these sectors, social policies and budgets do not reflect sufficient concern for reaching the most vulnerable populations. Information systems capable of providing disaggregated and gender-sensitive data are poorly developed. Unfavourable social norms, lack of human and organizational resources,

limited availability of services and household poverty affect supply of and demand for services.

6. Almost no decline has been observed in rates of neonatal and maternal mortality since 2000. At least 40 per cent of the population lives more than 5 kms away from a functional health facility. Even when these services are available, the quality of care and the rate of curative care utilization (0.33 per capita per year) remain low. Neonatal conditions, malaria, pneumonia, diarrhoea and undernutrition still cause 70 per cent of deaths among children under five. In 2012, 13 per cent of the population still practiced open defecation.

7. The prevalence of stunting among children aged 0 to 59 months was 28 per cent in 2012 and has changed little over the years. The national prevalence of acute malnutrition among children aged 6 to 59 months is 13 per cent, higher than the 10 per cent threshold considered as a serious situation. The rate of exclusive breastfeeding to 6 months remains low, at 20 per cent in 2012.

8. The number of out-of-school children is estimated at 1.2 million (UNICEF WCARO, 2014), for reasons that include insufficient education provision, dysfunctions in school mapping, and financial and cultural barriers. Only 37 per cent of children (39 per cent boys, 35 per cent girls) enter the first year of school at the right age (7 years old) and the net primary school completion rate is 59 per cent (72 per cent boys, 48 per cent girls). The studies available (UNICEF, 2011) show that fewer than 1 in 10 schools has adequate water and sanitation facilities.

9. In terms of protection, data from the 2010 Multiple Indicator Cluster Surveys (MICS) suggest that social and gender norms perpetuate harmful practices and gender-based inequalities. Six out of 10 girls are married before the age of 18 (one in six before age 15); 9 out of 10 women are victims of female genital mutilation/cutting (FGM/C), and the practice is approved by 8 out of 10 people.

10. About 2.5 million children live on less than $1.25 a day and experience deprivations in at least three of the following areas: health, nutrition, water and sanitation, education and protection. Half of these children live in the regions of Mopti and Sikasso. In the northern regions (Gao, Kidal and Timbuktu) that are home to nearly 15 per cent of the population, the relative burden of deprivation is even greater, reflecting low coverage of basic social services as well as significant disparities in coverage.

11. Due to the humanitarian crisis in 2012, the 2008–2012 country programme was extended to 2014, and reoriented from one that supported national sectoral strategies to a largely emergency-based programme. In anticipation of a return to peace, the programme will pay particular attention to strengthening the resilience of communities and systems.

12. With 70 per cent of deaths of children aged 0 to 59 months occurring in communities, in 2007, Mali introduced a national policy of community-based health care. The initiative, which was based on a network of community health workers, has increased service coverage since its inception. A 2014 evaluation showed that 42,000 under-five deaths were avoided between 2007 and 2012 through the introduction of a package of services at the village level. The new country programme will leverage this experience with a focus on stronger integrated programming at the community level, and on improving governance frameworks

and sectoral decentralization to expand access to basic services for the most disadvantaged.

Programme priorities and partnerships

13. This country programme will be implemented as part of MINUSMA and will contribute to the objectives of the United Nations Development Assistance Framework (UNDAF) Plus 2015–2019. In reference to the objectives of the UNICEF Strategic Plan 2014–2017, special efforts will be made to integrate equity, gender, resilience and peacebuilding issues. The overall objective of the 2015–2019 country programme is to support the Government of Mali to increase equitable access to basic social services, strengthen the resilience of communities, support service delivery systems and promote policies and budgets that are sensitive to the situation of the most disadvantaged groups and children, while ensuring a better transition from humanitarian action to development.

14. The programme will help to accelerate progress towards achieving national objectives, particularly in terms of equitable coverage of essential social services. Interventions will aim to improve the governance and efficiency of each sector. UNICEF will work with other partners to promote a national dialogue around the issues of population growth, youth and adolescent participation and rapid urbanization.

15. At the operational level, the programme will concentrate on three interrelated geographic areas. Taking into account the community-based health care initiative and deprivation analyses that show half of the poor children who suffer from at least three deprivations live in Mopti and Sikasso, the programme will focus on these two regions. In Mopti and Sikasso, all components of the programme will offer integrated service packages in communities and institutions (e.g. schools and health centres). These interventions will be guided by a participatory approach to strengthen the capacity of rights holders and duty bearers while working for social change, local ownership and equity-based programming.

16. Based on low coverage of basic social services in the three northern regions, and in furtherance of the United Nations Strategic Response Plan 2014–2016, the programme will support the government action plan for basic social services, social cohesion, economic recovery and return of public administrations. The water and sanitation sector will serve as a point of entry for multisectoral interventions guided by conflict and risk analysis, which will promote inter-community dialogue to strengthen social cohesion. The UNICEF response will be coordinated and integrated with other partner's interventions as part of the Government Accelerated Plan for the Development of northern regions and UNDAF Plus commitments for security, peace and national reconciliation.

17. In the other regions, the programme will support targeted sectoral interventions in areas with poor basic social service coverage, or child-specific vulnerabilities, or both.

18. Each component will formulate an output specifically focused on capacity-building to prepare and respond to crisis situations. With the recent outbreak of Ebola, as well as for other possible epidemics, UNICEF will strengthen the capacity of the health systems and build long-term resilience among the populations for

disease prevention and control. Wherever possible, care will be taken to integrate the population's risk reduction and adaptation strategies. The forthcoming results of the 'Resilient Malian Child' study are anticipated to help UNICEF to refine and incorporate the resilience dimension into sectoral programming.

19. Analyses of the previous country programme have shown the following strategies to be indispensable in all sectors: empowering and building community resilience through integrated community-based approaches; systems- and capacity-building for service delivery, particularly in the most deprived areas; and advocating for political, legislative and budgetary reforms. Support for the collection of disaggregated data and monitoring equity-sensitive outcomes will be a backbone of the programme. Each component will pay particular attention to gender-sensitive programming and the development of cross-sectoral strategies aimed at increasing girls' school enrolment and reducing the prevalence of child marriage.

20. The programme will build on strategic partnerships and the organization's comparative advantage at the national, regional and global level. Full advantage will be taken of all partnership opportunities with the local private sector, civil society and technical and financial partners, including the bilateral and multilateral agencies present in Mali. The UNICEF contribution will be guided by its commitments to national partnership frameworks (sector reforms) as well as global and regional initiatives. These include the Global Alliance for Resilience Initiative - Sahel (AGIR-Sahel), A Promise Renewed, partnerships with the Vaccines Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria (health), the Scaling up Nutrition (SUN) and Renewed Efforts against Child Hunger and undernutrition (REACH) initiatives (nutrition), the Global Partnership for Education, and the United Nations Integrated Strategy for the Sahel. Efforts in the water, sanitation and hygiene (WASH) sector will be supported by the Sanitation and Water for All (SWA) partnership. Protection activities will be guided by regional policy and the Economic Community of West African States Regional Policy and Plan of Action for Child Protection and Child Trafficking.

21. The programme will include eight components that will seek to reduce the bottlenecks that limit communities' access to and utilization of services, particularly the most disadvantaged rural communities.

22. **Health**: As part of the Ten Year Health Sector Development Plan, the component will help to ensure that more children aged 0 to 59 months survive and reach their full potential, particularly in underserved communities. It will also contribute to reducing risk factors for maternal and neonatal deaths. At the institutional level, technical assistance will be provided in support of an integrated approach to universal health coverage. The programme focus will be on improving access to quality, high-impact interventions. The quality of care provided by health services, including the elimination of mother-to-child transmission of HIV and paediatric care, will be improved by identifying and removing the existing bottlenecks. Combating vaccine-preventable diseases in children and pregnant women will remain a priority, with efforts to strengthen the cold chain and improve micro-planning and decentralized monitoring. The move to a community-based health care strategy to combat the main diseases that kill children will cover at least 800,000 children over the period 2015 to 2019. In the north, this component will contribute to re-establishing health facilities and to greater access to and use of services.

23. **Nutrition**: As part of the SUN initiative and the global effort to reduce stunting, the nutrition component will help to reduce morbidity and mortality in children under 5 and strengthen their physical and cognitive development. The component will focus on the first 1,000 days of a child's life, including the mother's pregnancy. The nutrition component will support systems and capacity-building to scale up the Multisectoral Action Plan for Nutrition. In the Mopti and Sikasso regions, the prevention of chronic undernutrition will be the entry point for implementing a package of interventions. UNICEF will coordinate the interventions to facilitate the scale-up of activities to prevent stunting. The component will expand Integrated Management of Acute Malnutrition coverage by strengthening community screening for acute malnutrition, stepping up communication and increasing the involvement of community health workers. Nutrition-related activities will be combined with health, water, sanitation and hygiene, education and food security interventions to promote a preventive, multisectoral and integrated approach that can deliver maximum impact. Across the country, improved management of severe acute malnutrition remains a priority, along with the prevention of micronutrient deficiencies and the promotion of good infant and young child feeding practices.

24. **Equitable access to quality basic education**: This component will support the Ten-Year Education Development Plan (2015–2025) and contribute to inclusive education for children aged 3 to 15 years. It will support community-based approaches to school readiness for children aged 3 to 5 years, strengthen school retention and improved learning (for children aged 6 to 12 years), and promote a better transition between primary and secondary (for children aged 13 to 15 years). In addition, efforts will focus on removing barriers to accessing quality learning, increasing retention rates for vulnerable groups and promoting a culture of peace. Through strategic partnerships and innovative financing mechanisms, this component will contribute to the development and implementation of a sectoral programme based on inclusion, equity, gender equality and risk management. It will also support the enrolment of girls and children excluded from the education system, particularly in the most disadvantaged areas of the country (Mopti, Sikasso and the northern regions). The component will enhance the quality of education, offering a WASH package in schools, mobilizing communities in the management of schools, and providing complementarity with interventions in other sectors (nutrition, health and child protection), including during the humanitarian response.

25. **Water, sanitation and hygiene**: To improve the health, nutritional and educational outcomes of rural populations, the component will increase the availability of safe drinking water and adequate sanitation, in conjunction with other programme components. Under SWA and the Malian Sectoral Programme for Water and Sanitation (PROSEA), the component will seek to make the sector a higher priority in national and local policies and budgets, and will help strengthen coordination and monitoring mechanisms. In the Mopti and Sikasso regions, the component will support community-based interventions in other sectors (health, nutrition and education) and will help schools, health centres and nutritional centres to meet recognized standards. The component will encourage students to become "agents of change" in their communities. In the northern regions, the programme will focus on restoring the drinking water supply, improving the quality and sustainability of public water utilities and supporting the redeployment of local government technical services, particularly water systems, sanitation and emergency

preparedness. In all supported interventions, UNICEF will be bound to respect national environmental rules and regulations.

26. **Child protection**: Based on the sector analysis and the 2007 recommendations of the Committee for the Rights of the Child, this component will improve the governance framework for the protection of children, community level prevention and expansion of the response to abuse, exploitation and violence. At the macro level, the focus will be on policy, regulatory and budgetary frameworks and on sector coordination. At the medium level, interventions will be cantered on institutional support, and service- and capacity-building of governmental and non-governmental actors to improve responses. At the community level, the component will concentrate on parental education and increasing community dialogue to promote positive social norms and practices, and the dissemination of policies and laws that protect children. In connection with the other sectors, these focus areas will help to specifically address FGM/C, child marriage and lack of birth registration. By promoting innovative approaches, and with contributions from the health sector, the component will address low rates of birth registration in the northern regions.

27. **Social policy and inclusion**: The component will help to define strategies to strengthen resilience, especially in the most vulnerable communities. Interventions under this component will focus on the following areas: support to public policy and finance, informed by ongoing research for the forthcoming study on the 'Resilient Malian Child'; and contribution to the development of a national social protection system. In support of decentralization, the zonal offices in Gao, Kayes, Mopti and Sikasso will play a critical role in accompanying the Government to establish and implement more equitable interventions with enhanced community participation. The component will contribute to social innovation and institutional capacity-building at the national and local levels, while ensuring that basic social services are adequately funded.

28. **Cross-sectoral support programme**: This component will consist of four sub-components that will maximize the impact of interventions for children and women by reinforcing the synergy and linkages between the programme's various components. **Planning, Monitoring and Evaluation (PME)** will support implementation of Statistics Master Plan (SDS), help build sectoral statistical capacity, and promote a culture of evaluation and the regular production and dissemination of disaggregated statistics, which will facilitate the development of equitable public policies. In addition, it will strengthen the country office's performance management mechanisms, and ensure that all programming initiatives are based on equity. **Communication for Development (C4D)** will facilitate the inclusion of social and behaviour change in each component, and will promote social cohesion and community dialogue. It will concentrate on preventing undernutrition and violence against children and women, with a focus on child marriage and FGM/C. In the northern regions, the focus will be on peace consolidation and building a culture of peace at the community level. **External Communication and Partnerships** will work with national and international media and other partners for the promotion and respect of the rights of children, especially the most vulnerable. The **Emergency Coordination and Strategy for the North** component will ensure that the country office develops and implements mechanisms for preparedness and rapid response to humanitarian crises, and that each sectoral component includes activities that are consistent with UNICEF commitments for

children in emergency situations. As part of the 2014–2016 Strategic Response Plan and in order to strengthen social cohesion and resilience in communities affected by crises, the component will coordinate all interventions aimed at re-establishing basic social services.

29. **Cross-sectoral costs**: This component will cover programme costs related to supplies, logistics, the operation of area offices, and administrative and operating expenses.

Summary budget table

	(In thousands of United States dollars)		
Programme component	*Regular resources*	*Other resources*	*Total*
Health	10 240	38 385	48 625
Women and children's nutrition	10 000	93 520	103 520
Water, sanitation and hygiene	4 750	46 440	51 190
Equitable access to quality basic education	13 350	25 765	39 115
Child protection	7 000	11 995	18 995
Social policy and inclusion	2 500	7 195	9 695
Cross-sectoral programme support	13 000	18 705	31 705
Cross-sectoral costs	14 505	11 060	25 565
Total	**75 345**	**253 065**	**328 410**

* Based on the Strategic Response Plan 2014–2016 and amounts mobilized in recent years, other resource emergency funds (ORE) of approximately $100 million are expected for 2015–2019, but are not included in the above table.

Programme and risk management

30. The programme is consistent with the country's development and peacebuilding challenges. The proposed priorities and strategies align with those identified in UNDAF Plus 2015–2019: equitable access to basic social services; enhancing security, peace and national reconciliation; promotion of good governance; inclusive growth and sustainable development. Programme implementation will be aligned to UNDAF Plus. UNICEF will chair the results groups in education and health as part of its contribution to achieving results in the United Nations Joint Work Plans. In the northern regions, UNICEF response will be implemented and funded under the regular programme and the inter-agency Strategic Response Plan.

31. Conflict and insecurity in the north, the risk of disasters (drought, floods and locust invasions) and epidemics (cholera and Ebola), dwindling financial resources, the risk of corruption and the poor capacity of implementing partners are the main vulnerabilities identified for the programme. As part of MINUSMA, a harmonization of efforts will systematically be sought in order to conduct joint risk analyses and conduct programme criticality assessments, manage costs and security risks by promoting shared area offices in certain parts of the country, and strengthen

early warning mechanisms, rapid assessment and response to humanitarian crises, with a focus on disaster risk reduction.

32. In 2015, the guidelines for the harmonized approach to cash transfers will be implemented by the United Nations agencies, including UNICEF, and will help to promote a culture of risk reduction and risk management.

33. The role of UNICEF area offices (in Gao, Kayes, Mopti, Sikasso and Timbuktu) will be enhanced in planning, implementing and monitoring decentralized interventions as well as local control of resources. These developments will improve the country programme's efficiency and effectiveness.

34. This country programme of cooperation describes the contribution of UNICEF Mali to national targets, and will establish its accountabilities before the Executive Board for the planned results and resources allocated to the country. The accountabilities of UNICEF Mali staff for implementing the programme are described in UNICEF programme and operations policies and procedures.

Monitoring and evaluation

35. Implementation of this cooperation programme will be coordinated and monitored by the Ministry of Foreign Affairs, African Cooperation and International Cooperation through a Steering Committee chaired by the Department of Multilateral Cooperation and including representatives from the relevant ministerial departments.

36. To increase the programme's effectiveness in producing more equitable outcomes for the most disadvantaged women and children, UNICEF will develop an Integrated Monitoring and Evaluation Plan focused on equity. It will strengthen the monitoring function of area offices by deploying additional human capabilities and using innovative approaches to decentralized monitoring. Through a strategic partnership with the European Union (EU), the Swedish International Development Cooperation Agency (SIDA), the United States Agency for International Development (USAID), the World Bank and the World Food Programme (WFP), the programme will invest in quality assurance and will strengthen monitoring systems and statistical expertise. This will ensure national and local statistics can provide disaggregated data by sex on disparities as well as bottlenecks, and promote gender-sensitive programming. Specifically, information and communication technology for monitoring and evaluation will be use o enhance real-time monitoring of progress for the most disadvantaged. In addition, innovative approaches will be introduced to ensure that the programme's beneficiaries, especially the most disadvantaged, are more involved and can provide feedback on the results and quality of the programme.

37. The programme will support operational research. Special care will be taken to promote a culture of evaluation and to perform quality evaluations. The Evaluation Plan will be based on the evaluation of the programme integration model in Mopti and Sikasso, the cost-effectiveness evaluation of capacity-building strategies, and the evaluation of the area offices model.

Annex

Results and resources framework

Mali - UNICEF country programme of cooperation, 2015–2019

Convention on the Rights of the Child: Relevant articles of the Convention: 1, 2, 3, 4, 6, 12, 17, 24, 25, 26, 28, 29 **National priorities, objectives and reference frameworks:** Strategic Framework for Growth and Poverty Reduction (CSCRP 2012-2017); MDGs 1 to 7; Health and Social Development Programme (PRODESS); Decennial Education Programme (PRODEC); Water and Sanitation Sector Programme (PROSEA), Multisectoral Action Plan on Nutrition; Country Report to the Committee on the Rights of the Child (2014); National Plan for Social Welfare; AGIR-Sahel; APR; REACH; SUN; and SWA.
UNDAF outcomes relevant to UNICEF: - By 2019, communities, especially the most vulnerable groups and those affected by the crisis, will have increased and equitable access to and use of quality basic health care; - Disadvantaged groups, particularly women and young people, benefit from increased capacities and productive opportunities in a healthy and sustainable environment conducive to poverty reduction; - State, national and local institutions exercise their public service mission in accordance with the principles of good governance and the rule of law. **Outcome indicators measuring UNICEF's contribution:** Rate of complete immunization coverage; Percentage of births attended by a skilled health provider; Percentage share of the national budget allocated to the social sectors (education, health, water, child protection); Net School Attendance rate; Percentage of population with access to an improved water source/improved toilet; prevalence of stunting; Percentage of children less than 6 months old who are exclusively breastfed; rate of birth registration; prevalence of female genital mutilation/cutting; Percentage of population with access to social protection systems and programmes; Percentage of GDP allocated to and spent in the social sectors; Percentage of people affected by humanitarian crises who receive appropriate multisectoral support.
UNICEF Strategic Plan outcomes: Health; HIV/AIDS; nutrition; water, sanitation and hygiene; basic education and gender equality; child protection, social inclusion.

UNICEF country programme outcomes	Key progress indicators, baselines and targets	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome (in millions of United States dollars)		
					RR	**OR**	**Total**
[Health]: By the end of 2019, boys and girls aged 0–59 months, pregnant women and breastfeeding mothers, particularly those living in the most disadvantaged communities, have access to and use an essential package of high-impact preventive, curative and promotional health interventions, including in emergency situations.	- *Percentage of children under five with malaria/diarrhoea/ acute respiratory infections (ARI) who receive treatment (baseline: malaria 32%, diarrhoea 26%, ARI 42% (MICS 2010), target: >80%)* - *Percentage of districts with Penta3 coverage >90% (baseline: 58%; target: 80%)* - *Percentage of births attended by a skilled health provider (baseline: 55% (MICS 2010); target: 70%)*	MICS Local Health Information System (SLIS)	**Output 1**: By 2019, the governance, funding and accountability framework for the health of mothers, newborns and children is strengthened, including in emergency situations **Output 2**: By 2019, 90% of children under five (boys and girls), particularly those living in the most disadvantaged communities, have access to and use a minimum package of health services, including in emergency situations **Output 3**: By 2019, 90% of pregnant women, including those exposed to or infected with HIV, receive care during pregnancy, childbirth and the postpartum period, including in emergency situations	Ministry of Public Health (MPH), CIDA and Government of Japan, USAID; APR; non-governmental organizations (NGOs)	**10.2**	**38.4**	**48.6**
Total resources (health)					**10.2**	**38.4**	**48.6**

[Women and children's nutrition]: By the end of 2019, the nutritional status of children aged 0-59 months and women of childbearing age has improved, especially those living in areas with high prevalence of malnutrition, particularly Mopti and Sikasso.	- *Percentage of children affected by stunting (baseline: 28.1% – SMART 2014, target: 23.9%)* - *Percentage of children suffering from global acute malnutrition (baseline: 13.3% – SMART 2014, target: 9.9%)* - *Percentage of infants under 6 months who are exclusively breastfed (baseline: 33% - DHS 2012, target: 43.9%)*	MICS SMART Surveys Demographic and Health Surveys (DHS)	**Output 1**: By 2019, the institutional and strategic repositioning of the nutrition sector has taken effect and facilitates integration across sectors, and the improvement of the sector's funding framework **Output 2**: By 2019, at least 70% of pregnant women and children aged 0–23 months have access to a package of interventions to reduce chronic malnutrition in the target areas of Mopti and Sikasso **Output 3**: By 2019, at least 80% of children aged 0–59 months (boys and girls) and women of childbearing age have access to a service for the prevention of micronutrient deficiencies **Output 4**: By 2019, at least 80% of children aged 6–59 months (boys and girls) have access to good quality services for managing severe acute malnutrition (including in emergencies)	MPH Health Regions and Districts SUN; REACH EU NGOs	**10.0**	**93.5**	**103.5**
Total resources (nutrition)					**10.0**	**93.5**	**103.5**

[WASH]: By 2019, communities, particularly those living in rural and disadvantaged areas, have increased sustainable access to and use of safe drinking water, basic sanitation and hygiene, including in emergency situations.	- *Percentage of the population with access to an improved water source (baseline 67%; target: 82%)* - *Percentage of the population that practices open defecation (baseline: 13%, target: 5%)* - *Percentage of schools/health & nutrition centres with appropriate WASH facilities: (baseline: 7%/TBD; target: 22%/TBD)*	MICS DHS	**Output 1**: By 2019, a more favourable environment is established for the provision of water sanitation and hygiene services, with a special focus on the sub-sector rural sanitation **Output 2**: By 2019, at least 1 million additional people living in at least 1,500 rural communities, particularly the most disadvantaged, have gained access to safe water and have adopted good hygiene and sanitation practices **Output 3**: By 2019, at least 1,100 institutions (schools and health centres) meet recommended WASH standards in terms of equipment, promotion of hygiene and local governance **Output 4**: Communities affected by crises or conflict have increased access to clean water, basic sanitation, measures to promote prevention of water and sanitation – related diseases.	National Water Resources Department (DNH); Cell Planning and Statistics, Water Sector (CPS) National Department of Sanitation and Pollution and Nuisance Control (DNACPN); Public Hygiene Division (DHSP); National Department of Education (DNP)	**4.8**	**46.4**	**51.2**
Total resources (WASH)						**4.8**	**46.4**	**51.2**

[Equitable Access to Quality Basic Education]: By the end of 2019, the barriers to school attendance for children aged 3–15, particularly girls and the most disadvantaged children, have been lifted and children are able to access quality basic education and succeed at school.	- *Upper primary school completion rate for girls and boys (gross/net rate): baseline 58% (girls 51%, boys 65%), target 70% (girls 70%, boys 70%)* - *Percentage of children in their 6th year of primary school with adequate skills in French and mathematics: baseline (French 49%, mathematics 32%), target (French 65%, mathematics 50%)*	MICS DHS Statistical Yearbook for Education/ School Mapping National Evaluation System	**Output 1**: By the end of 2019, the sectoral programme based on equity, inclusion, and risk analysis and management is validated and operational **Output 2**: By the end of 2019, children who are not enrolled or have dropped out of school have opportunities to enter formal education or opportunities for literacy/ vocational training **Output 3**: By the end of 2019, children – especially in the regions of Mopti and Sikasso – complete a quality basic education **Output 4**: In emergency situations, girls and boys have safe access to quality education	Ministry of Education United Nations system (United Nations Office for the Coordination of Humanitarian Affairs, United Nations Educational, Scientific and Cultural Organization, United Nations High Commissioner for Human Rights, WFP), EU, World Bank; NGOs	**13.4**	**25.8**	**39.1**
Total resources (education)					**13.4**	**25.8**	**39.1**
[Child Protection]: By 2019, children, especially girls, are better protected against violence, abuse and exploitation.	- *Percentage of women aged 15-49 subject to female genital mutilation/cutting (baseline: 88.5%, target: TBD)* - *Percentage of women aged 15-49 married before the age of 18 (baseline: 14.3%, target: TBD)*	DHS or MICS Monitoring reports Specialized services statistics	**Output 1**: By 2019, the policy and legislative framework for the child protection sector is harmonized and its institutional and budgetary components are reformed **Output 2**: By 2019, the capacity of institutional	Ministry for the Promotion of Women, Children and the Family (MPFEF), United Nations System, local authorities, NGOs.	**7.0**	**12.0**	**19.0**

	- *Percentage of children registered at birth (baseline 81%, target 90%)*		and informal actors at the national, regional and local level is strengthened in terms of planning, implementing and monitoring interventions for the prevention and response to children's vulnerabilities **Output 3**: By 2019, communities in priority intervention areas adopt behaviours and practices that promote positive social norms against violence, abuse and exploitation towards children **Output 4**: At least 50% of children affected by humanitarian emergencies benefit from protection and reintegration measures				
Total resources (child protection)					**7.0**	**12.0**	**19.0**
[Social Policy and Inclusion]: By 2019, national and sub-national social policies are more inclusive and equitable, promoting the resilience of families and	- *Number of child poverty analyses based on the most recent survey data from the 2015–2019 period (baseline: 1, target: 2 or more)* - *Percentage of the national budget allocated to and spent on basic social*	MTASH Annual Report Research Reports	**Output 1**: By 2019, the poorest families and children are regularly identified and monitored at the national, regional and local level, and the causes of their deprivation identified and analysed **Output 2**: By 2019, a larger number of vulnerable families benefit	Ministry of Labour, Social and Humanitarian Affairs Ministry of the Economy and Finance	**2.5**	**7.2**	**9.7**

vulnerable communities.	*services, including health and nutrition (baseline: 7.4%, target: 12%)* - *A national social protection framework is developed, adopted and budgeted by the Government of Mali (Yes/No)*		from social protection programmes **Output 3**: By 2019, policymakers and public and private actors have increased the percentage of resources allocated to social sectors and social protection programmes				
Total resources (social policy and inclusion)					**2.5**	**7.2**	**9.7**
[Cross-Sectoral Support Programme]: Policymakers have access to and use regularly updated data and analyses, and vulnerable populations have access to quality information and adopt behaviours favourable to the rights of the child.	- *Percentage of households in the intervention areas having adopted at least six priority behaviours (baseline: To be established in 2014, target: 70%)* - *Number (and percentage) of studies, surveys, evaluations and statistical yearbooks deemed at least "satisfactory" (baseline: TBD; target: at least 15 publications, i.e. 03 per year, and 70% are at least "satisfactory" according to the Global Evaluation Reports Oversight System (GEROS)*	Quantitative survey Annual progress reports MICS and DHS reports GEROS	**Output 1 (C4D):** Communities living in disadvantaged areas of Mali adopt priority behaviours for the survival, protection and development of children, utilize basic social services and equitably promote inter-community tolerance and social change **Output 2 (PME):** By 2019, policymakers and actors involved in advocacy, programme planning and management, and policy have access to and use disaggregated data (by gender, geography and equity) and findings from studies and evaluations	Ministry of Communication; United Nations Canadian International Development Agency (CIDA), CSCRP Monitoring Committee, National Institute of Statistics (INSTAT), SIDA, USAID, World Bank	**13.0**	**18.7**	**31.7**

	- *Percentage of people affected by humanitarian crises who benefit from appropriate multi-sectoral support (baseline: TBD, target: 80%)* - *Percentage of OR/ ORE resources mobilized (baseline, 75%/50%, target: 85%/75%)*	*Humanitarian Action for Children* Report Communication Strategy document, Advocacy Strategy	**Output 3 (Emergency Coordination and Strategy for the North):** The Government sets up systems to prevent and respond to risk-sensitive crises and communities strengthen their resilience to humanitarian crises **Output 4 (External Communication and Partnerships):** By the end of 2019, innovative mechanisms for communication, advocacy and partnerships in favour of children's rights are established – with the participation of national actors, institutions, the private sector, donors and National Committees (Natcoms) – to support the implementation of programming priorities.	Ministry of Labour, Social and Humanitarian Affairs, Action Against Hunger, Save the Children, Medecins du Monde, International Rescue Committee, ACTED, CARE Ministry of Communication, Natcoms, Media			
Total resources (cross-sectoral support programme)					**13.0**	**18.7**	**31.7**
Total resources (cross-sectoral costs)					**14.5**	**11.1**	**25.6**